POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION		, , , , , , , , , , , , , , , , , , ,	1/1	
O.I.P.E. CLASSIFIER	BV	32	10/14	
FORMALITY REVIEW	UTK	1676	(0/199/0)	
RESPONSE FORMALITY REVIEW	δA	70 039	03-12-02	
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## **INDEX OF CLAIMS**

v	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

•	÷	Restricted	0	Objected
Claim	Date	Claim	Date	Claim Date
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If more than 150 claims or 10 actions staple additional sheet here

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